



10/29/01

Attorney's Ref: UCONBA/186/US

Date: October 29, 2001

A

Box: PATENT APPLICATION
 Commissioner For Patents
 Washington, DC 20231

Sir:

J1000 U.S. PTO
 10/056666
 10/29/01

Transmitted herewith for filing is the ☒ Utility ☐ Design patent application of:

Inventor(s): BEN A. BAHR

For: Materials For Lysosome Modulation And Methods Of Use Thereof

Enclosed are:

- ☒ 29 Sheets Of Specification
- ☒ 8 Sheet(s) Containing Figures 1 - 8 ☒ Formal ☐ Informal
- ☒ A Return Receipt Postcard.
- ☐ An Assignment Of The Invention
- ☐ A Certified Copy Of A Priority Document, Application No.
- ☒ An Original Inventor's Declaration (Signed).
- ☐ A Copy Of Verified Statement Claiming Small Entity Status.
- ☐ A Preliminary Amendment.
- ☐ Other:

☐ If checked, this application is a:

- ☐ Continuation
- ☐ Continuation-in-part
- ☐ Divisional

Application of prior United States Patent Application No.: _____, previously filed on _____.

For continuation or Divisional Applications: The entire disclosure of the prior application, from which an oath or declaration is supplied, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

I, hereby certify that this paper or fee is being deposited with the United States Postal Service "Express Mail Post Office to Addressee" Service under 37 CFR 1.10 on October 29, 2001, and is addressed to the "Box Patent Application, Commissioner For Patents, Washington, DC 20231".


 Doti Ann Lewis

Attorney's Ref: UCONBA/186/US

Date: October 29, 2001

The filing fee has been calculated as shown below:

☐ Design Application For ☐ Small entity = \$155 ☐ not Small Entity = \$310

☒ Utility Application with fee calculated below:

☒ If checked, Applicant is a SMALL ENTITY.


	No. Filed	Claims No. Extra	SMALL ENTITY	LARGE ENTITY
Total Claims	20	20 = 0	x \$9 =	x \$18 =
Independent claims	6	3 = 3	x \$42 = \$126.00	x \$84 =
Basic Fee			<u>370.00</u>	\$740.00
Multiple Dependent Claims Presented			x \$140	x \$280
			TOTAL <u>\$496.00</u>	TOTAL _____

☒ A check in the amount of \$ 496.00 to cover the filing fee is enclosed.

☐ Please charge my Deposit Account No. 16-2563 in the amount of \$ _____ to cover the filing fee. A duplicate of this sheet is enclosed.

☒ The Commissioner is hereby authorized to charge any additional required filing fees under 37 CFR 1.16 associated with this communication or credit any overpayment to Deposit account No. 16-2563. ☒ A duplicate copy of this sheet is enclosed.

☒ The Commissioner is hereby authorized to charge fees under 37 CFR 1.16 and 1.17 required during the pendency of this application and to credit any overpayment to Deposit Account No. 16-2563. ☒ A duplicate copy of this sheet is enclosed.


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Our Ref: UCONBA/186/US
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